

Appendix C

Universal Waste Notification Form

Maine Department of Environmental Protection

Bureau of Remediation and Waste Management, Division of OHWFR, 17 State House, Augusta, Maine 04333-0017

Type of Facility:

☐ Large Universal Waste Generator (but less than 5000 kg accumulation)

☐ Generator Owned Central Accumulation Facility

☐ Small Service Central Accumulation Facility (less than 200 items)

Municipal/Regional: ☐ Recycling Center; ☐ Transfer Station

A. Facility Name:

B. Facility Location:

Street

City/Town

State

Zip Code

C. Facility Mailing Address: ☐ Same as above.

Street

City/Town

State

Zip Code

D. Contact Person:

_____/_____/_____-_____-_____
Name Job Title Phone

E. Facility Owner: ☐ Same as Above

_____/_____-_____-_____
Name Phone

Street

City

State

Zip Code

F. Waste Type: (check all that apply): ☐ (CR) Cathode Ray Tube; ☐ (PC) PCB Ballasts;
☐ (BT) Batteries; ☐ (H) Lamps; ☐ (TH) Mercury Thermostats; ☐ (MD) Mercury Devices
(includes thermometers); ☐ (MS) Motor Vehicle Mercury Switches

G. Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I further certify that I handle less than 5000kg of universal waste at any one time. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

H. Name and Official Title (Type or Print): _____

Signed: _____ **Date:** _____